U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
E	AUG	- 8	2005	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 44774	2. Fiscal Year Covered From:	
	07/ 01/2004 Through: 06/30/2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.  Name Painters Local Union No. 93  Labor Organization File Number 634939  P.O. Box, Building and Room Number, if any	
Name Phillip KehL		
P.O. Box, Bldg., Room No., if any Street 805 Leonard ST.		
	Street 512 33rd Street	
city Belpre	City Parkersburg	
State Ohio ZIP Code + 4	State WV ZIP Code + 4 261011628	
5. Position in labor organization. Financial Se	cretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any				
Name	· · · · · · · · · · · · · · · · · · ·			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				

Signature

45.0						
15. Signature and verification. The undersigned declares, under penalty of Pr	arium and other tibt-	IC COLD IN THE COL				
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanies	erjury and other applicable	penaities of the law, that all of the information				
undersigned's knowledge and belief, true correct, and complete (See the section of the						
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
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1 // // / ///						
Signed Signed						
Signed FIVE		•				
Signed for the	On 3 - 12 - 15	384-485-5181				
	1500	~J&U~48J~J/J/				

Date

Telephone Number